

09/831209

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS			
Form		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20	minus 20 =	
INDEPENDENT CLAIMS	1	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	
					Total	<input type="checkbox"/>
		Minus	**	=		
	Independent	Minus	***	=		

SMALL ENTITY TYPE	OTHER THAN SMALL ENTITY
RATE	Fee
BASIC FEE	355.00
X\$ 9=	<input type="checkbox"/>
X40=	<input type="checkbox"/>
+135=	<input type="checkbox"/>
TOTAL	860
OR	OR
BASIC FEE	710.00
X\$18=	<input type="checkbox"/>
X80=	<input type="checkbox"/>
+270=	<input type="checkbox"/>
OR TOTAL	860

SMALL ENTITY	OTHER THAN SMALL ENTITY
RATE	ADDITIONAL FEE
X\$ 9=	<input type="checkbox"/>
X40=	<input type="checkbox"/>
+135=	<input type="checkbox"/>
TOTAL ADDIT. FEE	860
OR	OR
X\$18=	<input type="checkbox"/>
X80=	<input type="checkbox"/>
+270=	<input type="checkbox"/>
OR TOTAL ADDIT. FEE	860

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	
					Total	<input type="checkbox"/>
		Minus	**	=		
	Independent	Minus	***	=		

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=	<input type="checkbox"/>	X\$18=	<input type="checkbox"/>
X40=	<input type="checkbox"/>	X80=	<input type="checkbox"/>
+135=	<input type="checkbox"/>	+270=	<input type="checkbox"/>
TOTAL ADDIT. FEE	860	TOTAL ADDIT. FEE	860
OR	OR	OR	OR

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	
					Total	<input type="checkbox"/>
		Minus	**	=		
	Independent	Minus	***	=		

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=	<input type="checkbox"/>	X\$18=	<input type="checkbox"/>
X40=	<input type="checkbox"/>	X80=	<input type="checkbox"/>
+135=	<input type="checkbox"/>	+270=	<input type="checkbox"/>
TOTAL ADDIT. FEE	860	TOTAL ADDIT. FEE	860
OR	OR	OR	OR

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.